



Name of Candidate or Committee Personhood Mississippi  
 Reporting period July 1, 2010 through July 31, 2010

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Personhood USA</u>	<u>7/9/10</u>	\$ <u>1,000</u>
Mailing Address <u>8795 Ralston Rd. STE 220</u>	<u>  /  /  </u>	\$
City, State, Zip Code <u>Arvada, CO 80002-2353</u>	<u>  /  /  </u>	\$
Name of Employer (Required) _____	<u>  /  /  </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1,000</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name _____	<u>  /  /  </u>	\$
Mailing Address _____	<u>  /  /  </u>	\$
City, State, Zip Code _____	<u>  /  /  </u>	\$
Name of Employer (Required) _____	<u>  /  /  </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name _____	<u>  /  /  </u>	\$
Mailing Address _____	<u>  /  /  </u>	\$
City, State, Zip Code _____	<u>  /  /  </u>	\$
Name of Employer (Required) _____	<u>  /  /  </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name _____	<u>  /  /  </u>	\$
Mailing Address _____	<u>  /  /  </u>	\$
City, State, Zip Code _____	<u>  /  /  </u>	\$
Name of Employer (Required) _____	<u>  /  /  </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$